



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Snake River Rehabilitation Counseling Services	Region(s):	2
Agency Type:	DDA	Survey Dates:	05/05, 05/19, 05/20, 05/22, 05/26/15
Certificate(s) Renewed:	2SRRCS138	Certificate(s) Granted:	<input checked="" type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	For employee #3 there was not a notarized signed self-declaration and the clearance notice was pulled and printed by SRRCS from previous agency on 5/19/15. There has not been an ISP check completed.	<i>All new employees that have transferred within the last year will be required to print, sign and notarize ISP repository check to verify clear background check. New employees that have not had a background check will be required to complete self declaration showing date of fingerprinting appointment online, print and have notarized and submit to agency before providing services.</i>	7/1/2015
16.03.21.125. An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in	Agency submitted request for renewal was less than ninety (90) days before expiration date of expiration and did not have a report of outcomes of the internal quality assurance process required under section 900 of these rules.	1. <i>The admin staff will create an internal verification process of all certifications and deadlines pertaining to DDA services along with 120 day QA audit.</i> 2. <i>N/A</i>	7/10/2015



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optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules. (7-1-11)		<p>3. Admins staff, monitored by office Mgr. will be responsible for initiation and maintenance of QA audit</p> <p>4. Through internal QA, all dates will be verified every 120 days to ensure compliance with all dates and deadlines to remit required material to DDA as per rule.</p>	
<p>16.03.21.400.01.</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.</p> <p>01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)</p>	<p>Rules changed 2011. Policies and procedures have not been updated since before last review. There is no indication of overseeing the agency's quality assurance program. There is no internal quality assurance outcome report available. Many pieces of quality assurance program were not available or not fully implemented.</p>	<p>Policy and Procedure will be updated to meet all guidelines and requirements of IDAPA Rule by Admin Staff. A new internal quality assurance review worksheet that will be utilized in all files every 120 days and will be used to gather data to complete an annual QA report.</p>	7/10/2015
<p>16.03.21.400.03.a.</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for</p>	<p>Cannot not determine that clinical supervisor(s) are employed on a continuous and regularly scheduled basis and readily</p>	<p>1. All staff meetings will be held by 7/8/2015 explaining supervision requirements to employees</p>	7/1/2015



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all operations, policy, procedures, and service elements of the agency. 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: a. The supervision of service elements of the agency, including face to face supervision of agency staff providing direct care services; and (7-1-11)	available on-site to provide for face to face supervision of agency staff providing direct care services. Supervision reports were not consistently identifying presence of clinical supervisor, signed off or providing feedback by supervisor. Some supervisory reports were signed off by non-qualified contractor.	<i>including all info required on each supervision notes.</i> <i>2. As well, supervision notes will be reconstructed to include clinical supervision input and signature and qualifications, as well, staff will be required to include all members of supervision meeting present.</i> <i>3. Admin staff will create new supervision form, clinical supervisor will ensure proper completion of form by all supervisees.</i> <i>4. Clinical supervisor will ensure ongoing compliance with form completion as well, 120 day QA audit will include verification of proper completion of supervision notes.</i>	
16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.	The observations were only available for staff #2 and staff #3 and there were no observations prior to March 2013.	<i>All observation logs will be available upon request and be completed monthly by clinical supervisor and kept in an on site log for review upon request as well as 120 day QA review to ensure</i>	7/1/2015



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03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)		<i>compliance within observations will be completed monthly. In completing initial files QA audit, all participants will be verified for compliance. Those lacking observation notes will be corrected immediately.</i>	
16.03.21.400.06.d. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 06. Professionals. The agency must ensure that staff providing intervention services have the appropriate licensure or certification required to provide services. A person qualified to provide intervention services must also meet the following minimum requirements:	The agency is not being accountable for all operations, policy, procedures and service elements of the agency by nature that the agency is not ensuring that staff providing intervention services have the appropriate licensure or certification required to provide services. Staff #6 HI certificate expired 3/13/15.	<ol style="list-style-type: none"><i>1. Effective immediately, admin staff will ensure all staff hired & those currently providing services are properly credentialed to do so, as well all staff in the hiring process will be required to provide to hiring manager all information needed to ensure proper training and credentials prior to starting services.</i><i>2. All staff providing DD services currently will be verified competent to provide services, if</i>	7/15/2015



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d. Must complete a supervised practicum and additional coursework as required by the Department; (7-1-11)		<i>unable to verify current certifications needed staff will not be able to provide services until properly trained/certified to do so.</i> <i>3. All verifications will take place by hiring manager and clinical supervisor.</i> <i>4. Continued eligibility to provide services will be verified by QA team/Admin staff via 120 day reviews.</i>	
16.03.21.400.07.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements: b. Have received instructions in the needs of the participant who will be provided the service; and (7-1-11)	The agency is not being accountable for all operations, policy, procedures, and service elements of the agency by nature that there is no documentation of instructions in the needs of the participant who will be provided the service to any staff.	<i>1. Upon initial assessment, clinical supervisor will verify participant specific needs and be able to verify training of staff and /or guide staff to specific training needed for each participant.</i> <i>2. Clinical Supervisor will verify all staff understands the needs of and have received instructions in the needs of each client they are working with or they are scheduled to work with. If staff is under-instructed or trained, new</i>	7/15/2015



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		<i>staff will be implemented until proper training can be achieved to meet the needs of the participant.</i> <i>3. Clinical Supervisor will be responsible for properly placing participants with instructed staff.</i> <i>4. Continued training for staff will be monitored by QA team to ensure ongoing maintenance of staff training/instruction</i>	
16.03.21.410.01. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)	For all staff training records, the file review only indicates month and year of training. This does not have a specific date and nothing is providing proof of attendance or curriculum of training. There is nothing that staff is signing off on each year to verify received/attended training since 2011.	<i>1. SRRCS will implement in house training log to included specific date summary of training and staff signature verifying attendance.</i> <i>2. QA team will verify exact date of staff training and include month, day and year of training as well as require staff signature of verification on attendance.</i> <i>3. All in-house training logs will be created by admin staff, completion will be ensured by specific trainer.</i>	7/15/2015



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		4. All trainings will be checked and verified by QA team every 120 days with internal audit.	
16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	3 of 5 employees had lapsed CPR and 1 st aid certification. Employees # 2 lapse from 6/11-6/15; #4 lapse from 4/14-4/15; and #5 lapse from 4/1/14-4/1/15 had lapses in their CPR/1 st Aid certification. THIS IS A REPEAT DEFICIENCY.	Included in the QA audit for employee files, every 120 days SRRCS will verify current CPR certification.	7/15/2015
16.03.21.410.01.b.i 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA	During lapsed (Employees #2, #4, #%) or non-obtained (Employee #3) CPR/1 st Aid certification, there is no documentation that certified staff accompanied the non-certified staff during service delivery. THIS IS A REPEAT DEFICIENCY.	1. Employee files will be audited to ensure compliance for CPR certification. All employees needing training will a.) be mandated to complete certification immediately and b.) either adjust work schedule	7/15/2015



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services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)		<ol style="list-style-type: none">2. <i>One initial hire, all employees will be required to obtain CPR Certification for all levels before beginning employment or require properly certified supervisor to be part of all service provided by staff until staff is properly CPR certified.</i>3. <i>Hiring manager and admin staff will ensure all information is given to new employees and subsequently audited to ensure compliance.</i>4. <i>During 120 day reviews of employee files, all certifications due to expire will be noted and reminders given to employee to complete renewal or training to maintain compliance status.</i>	
16.03.21.410.01.b.ii 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure	During lapse of certification (Employees #2 and #4), staff providing direct service did not have age appropriate CPR and first aid certification for the participants they serve.	<ol style="list-style-type: none">1. <i>SRRCS will audit all employee files for CPR/ First Aid to ensure compliance of rule and effective at lapse of CPR certification SRRCS will require all employees become certified in all levels of</i>	7/15/2015



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that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and ii. Each agency staff person must have age appropriate CPR and first aid certification for the participants he serves. (7-1-11)		<i>CPR/1st Aid: Infant, Child and Adult.</i> <i>2. Admin staff will verify all employees are certified in CPR to conduct services.</i> <i>3. Subsequent audits will be conducted by QA team and admin staff.</i> <i>4. Through 120 day internal review of employee files, review reminders will be created by admin staff to submit to employees to ensure continued compliance.</i>	
16.03.21.410.01.c. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must:	For participant#2 there is a diagnosis of epilepsy. Information in the file has differing directions and is not maintained as current. There is no documentation of specialized training or review by staff.	<i>During initial intake all staff conducting intake will discuss current and past medical needs of participant. This information will be added to participant plans as well as instructions on what action needs to be taken because of medical needs. If special training is required; participant will be paired with a staff member that has that training or attend stated training needed.</i>	7/15/2015



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c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)			
16.03.21.410.02.d. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to promote the achievement of participant goals and objectives; (7-1-11)	There is no documentation to ensure that there is sufficient training for all staff for adequate observation, review and monitoring of staff, volunteer and participant performance to promote the achievement of participant goals and objectives.	<ol style="list-style-type: none"> 1. All staff will be required to sign off on an observation log, showing date of observation to be monitored by Clinical Supervisor to ensure adequate observation, review and monitoring of staff, volunteer and participant performance to promote the achievement of participant goals and objectives. 2. All new employees as well as current employees will be monitored/observed by Clinical supervisor with date of observation, any deficiency and corrective action taken to ensure compliance with Department. 3. 4. QA/Admin Staff will create form and monitor ongoing compliance by Clinical Supervisor. 	7/15/2015
16.03.21.500.03.a.	Review of agency documentation revealed	1. N/A	7/15/2015



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<p>500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services.</p> <p>03. Fire and Safety Standards.</p> <p>a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>that the agency failed to have the center inspected annually by the local fire authority, as required by local city or county ordinances.</p> <p>Agency verified that an annual inspection did not take place in 2014. The inspector came and inspected on 5/21/15.</p>	<p>2. <i>The agency has been identified as needing an annual inspection and Admin staff has created an addition to the facility internal audit to include verification of all inspections including annual fire inspection.</i></p> <p>3. <i>The internal QA Team and admin staff will ensure facility qa in complete and necessary inspections are current.</i></p> <p>4. <i>The corrective action will be included in the 120-day internal audit, for verification and update.</i></p>	
<p>16.03.21.500.04.a.</p> <p>500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-</p>	<p>Fire drills are not being conducted quarterly and do not include time for evacuation of the building.</p>	<p>1. <i>N/A</i></p> <p>2. <i>SRRCS will conduct a fire drill by 7/15/2015</i></p> <p>3. <i>Admin staff will set drills to coincide with participant</i></p>	<p>7/15/2015</p>



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based services. 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11)		<i>inservices/staff meetings.</i> 4. <i>SRRCS will conduct a minimum of 2 fire drills per year during the first and third quarterly internal audit. A fire drill check off list will be created and include date and time of fire drill as well as amount of time from start to finish of the drill.</i>	
16.03.21.500.04.b. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.	Fire drills reports are not including the participants that were participating.	1. <i>N.A</i> 2. <i>All staff and participants were potentially affected.</i> 3. <i>Admin staff present during drill will complete drills and reports.</i> 4. <i>As part of the creation of the new form "Fire Drill" by admin staff, SRRCS will state employees and participants present as well as provide space for summary of drill deficiencies encountered. If discrepancies arise, a corrective</i>	7/15/2015



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b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)		<i>plan with expected date of completion will be included.</i>	
16.03.21.501.05. 501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: 05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-11)	For 5 of 6 employee files reviewed, employees are transporting participants in their personal vehicle and the agency does not have documentation of adequate liability insurance coverage being carried continuously.	<ol style="list-style-type: none"> <i>All staff identified will be required to submit missing documentation as well, SRRCS will also verify all staff maintain liability insurance as well as create a form mandating current insurance that all employees read and sign.</i> <i>All employee files will be audited to ensure compliance of maintenance of insurance.</i> <i>Admin Staff and QA Team will ensure ongoing compliance through 120 day internal audit.</i> <i>Ensuring proper insurance will be conducted through reminders given to employees and audited every 120 days.</i> 	7/15/2015
16.03.21.510.01.a.	6 of 6 staff files reviewed did not have the	<i>1. SRRCS will create an employee</i>	7/15/2015



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<p>510.HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: a. Describe how the agency will ensure that each staff person is free from communicable disease; (7-1-11)</p>	<p>form identified in policy or any other documentation to ensure that each staff person is free from communicable disease.</p>	<p><i>signature form stating that the employee is free of communicable disease. This form will be signed by all employees and placed in employee file.</i></p> <p><i>2. This form will be dispersed to all employees immediately as well as any new hire. This will be added to employee files.</i></p> <p><i>3. Admin staff will create form and hiring manager will ensure signature.</i></p> <p><i>4. This form will be monitored along with all other required employee forms and included in 120 day QA process.</i></p>	
<p>16.03.21.510.01.c. 510.HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: c. Address any special medical or health care needs of particular participants being served by the agency. (7-1-11)</p>	<p>Policy only addresses that this information will be identified at intake on the General Information Form, training to any professional working with the participant and documentation for training will be added to participant file. Participant #2 has epilepsy. The intake packet identifies the diagnosis but identifies no special health care needs, yet other assessments identify</p>	<p><i>1. SRRCS will complete initial audit of all client files. In reference to rule, SRRCS will gather All information relating to any medical or healthcare needs required by participant and make note of these requirements in all documentation including initial intake, assessment and service</i></p>	<p>7/15/2015</p>



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	special procedures due to epilepsy. No specialized training is found in the file. Policy and procedure is not being implemented.	<i>plan that are consistent with medical/healthcare documentation.</i>	
16.03.21.520.06. 520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services 06. Natural Environment. The environment where an activity or behavior naturally occurs that is typical for peers of the participant's age, such as the home and community where the participant lives or participates in activities, and according to the service environment indicated. (7-1-11)	For participant #1, plan has goals to explore B & G club and Parks and rec activities. There is no documentation of efforts to explore/integrate into these natural environments. Many locations by note review and observation are not in the environment where the activity or behavior naturally occurs that is typical for peers of participant's age such as the home and community where the participant lives or participants in activities. For same participant, participant lives in Lapwai but a large amount of services are in Lewiston and do not meet this criteria.	<ol style="list-style-type: none">1. <i>Clinical Supervisor will meet with staff to ensure place of service for each participant is being utilized and/or adjusted for ineffectiveness.</i>2. <i>In participant file, if place of service is ineffective or non-conducive to overall treatment, SRRCS will modify place of service through addendum to plan. This review will take place 30 days after initiation of plan and upon each participant review</i>3. <i>Clinical Supervisor and worker will be required to meet 30 days after initiation of plan during supervision and discuss aspects of functionality of each plan.</i>4. <i>Upon plan review date, all aspects of plan will be discussed and verified for workability and</i>	7/15/2015



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		<i>plans conduciveness of service. Any changes can be made upon noting in supervision and verified through plan reviews.</i>	
16.03.21.600.02.a.i. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)	For participant #2 there is not a current IEP. Most recent was 2012.	<ol style="list-style-type: none">1. <i>SRRCS will request IEP for all participants in school.</i>2. <i>Upon completion of participant initial plan, SRRCS will request documentation from school as well as ensure school has service plan from SRRCS to verify all services and treatment is cohesive and non-redundant.</i>3. <i>Initial worker, through obtaining release of information. Information will be required to also obtain information from school based services if applicable.</i>4. <i>This will be monitored through 120 internal QA and verified by the QA team.</i>	7/15/2015



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16.03.21.600.02.a.ii. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. li. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)	For 2 of 2 participants, there is no documentation of corresponding with the participant's school including no documentation of providing the school district with a current copy of their plan of service (program implementation plans).	<ol style="list-style-type: none">1. All participants will be verified to ensure all documentation between school and agency has been cross disseminated as well as audit of all other program participants to ensure information is shared between entities.2. During initial intake via release of information, SRRCS will ensure information such as plans of service and other pertinent information is sent to all other providers. This will be verified by check off list created by QA team/admin staff to ensure all information is sent and received in a timely manner.3. QA/Admin staff4. During 120 day internal audit, all information will be verified sent or received to all necessary providers to participant.	7/15/2015



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16.03.21.601. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)	Staff #4 is not dating and credentialing her signature of service on any progress notes.	<ol style="list-style-type: none">1. All employees will be required to review and properly sign, date, and credential all progress notes.2. All employees will receive inservice on the importance of dating, signing and credentialing all progress notes. This action will also be verified during 120 day file audits by QA team.3. Office Manager/Clinical Supervisor will ensure all staff understands the importance of signing, credentialing, and dating progress notes.4. All notes will be included in 120 day internal audit.	7/15/2015
16.03.21.601.01.c. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained	For Participant #2 there is record of review of a psychological assessment with diagnostic information. This assessment is not in the file.	<ol style="list-style-type: none">1. SRRCS will ensure all information from other providers will be included in each client file. This information will be obtained through initial intake of	7/15/2015



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<p>for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>		<p><i>client.</i></p> <p>2. <i>All clients, current and new, will be audited to ensure information gathered during initial intake has been added to client file.</i></p> <p>3. <i>Intake worker, clinical supervisor will ensure all release of information will be sent and admin staff will ensure received information is in client file in a timely manner.</i></p> <p>4. <i>For each new client a list will be compiled to show all information requested. This list will be checked by worker and clinical supervisor to ensure all pertinent information has been noted and requested. Admin staff will also verify information has been added to file. 120 day internal review of information will ensure latest reports/information has been requested and is in file.</i></p>	
16.03.21.601.01.e.	For 2 of 2 participant files there are not	1. <i>All files will be audited to verify</i>	7/15/2015



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<p>601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-</p>	<p>current medical, social and developmental information and assessments that reflect the current status of the participant. For participant #1 there was no medical, social and developmental information and assessment in the file. For participant #2 the last medical, social and developmental information and assessment on file was dated 2012.</p>	<p><i>current information and assessments reflecting current status of participant is in file. All missing information will be requested and will be reviewed for consistency with plan and place in file</i></p> <p>2. <i>During 120 day QA completed for each file, SRRCS will verify any and all documentation from other providers is current and in file, as well as ensuring all release of informations are up to date and properly submitted to other providers necessary.</i></p> <p>3. <i>SRRCS worker will ensure all information and assessments will be completed and turned in to admin staff for filing in participant file.</i></p> <p>4. <i>Through 120 day internal audit, SRRCS QA team will verify that all information and assessments are included in participant file.</i></p>	



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11) 16.03.21.610. ACCESSIBILITY OF AGENCY RECORDS. The DDA and records required under these rules must be accessible to the Department during normal operations of the agency for the purpose of inspection and copying, with or without prior notification, under Section 39-4605(4), Idaho Code. (7-1-11)	Agency records were not accessible to the Department for the purpose of inspection and copying. For example, Observation reports and current certifications.	<ol style="list-style-type: none">1. To ensure accessibility of all record to DDA, SRRCS will keep and maintain agency reports and certifications in participant files and this will be verified by each quarterly audit.2. All files will be verified and audited to ensure all files have required information and said information is available to the Department for the purpose of inspection and copying.3. Admin staff and QA internal audit team will be required to ensure all required information is included in every participant file.4. Information will be received and filed with each billing cycle to ensure required information is included in every participant file.	7/15/2015



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16.03.21.900. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)	The quality assurance program is not being implemented.	<ol style="list-style-type: none">1. N/A2. <i>In order to better implement a stronger QA for the agency on a regular basis, SRRCS will create a QA team consisting of administrative and clinical staff</i>	7/15/2015
16.03.21.900.01.a 900. Each DDA defined under these rules must develop and implement a quality assurance program. 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-11)	The quality assurance program is not being implemented. It lacks ongoing, proactive internal review of the DDA to ensure services provided to participants produce measurable outcomes, are high quality and are consistent with individual choices, interests, needs and current standards.	<ol style="list-style-type: none">1. N/A2. <i>All client files will be audited and reviewed, as well as observation forms to ensure complete compliance with Department in maintaining a QA program. A QA team will be initiated from admin staff and Supervisory staff to ensure highest quality assurance of files and case load.</i>3. <i>Every 120 days a file review will be completed by QA staff to ensure services provided to participants produce measurable outcomes, are high quality and are consistent with individual choices, interests, needs, and</i>	7/15/2015



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		<i>current standards.</i> <i>4. Audits will be held every 120 days internally to ensure complete compliance in reference to client files and caseload.</i>	
16.03.21.900.01.b. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-11)	There is no procedure being implemented to ensure that there is sufficient staff and material resources available to meet the needs of each person served for agency quality assurance.	<i>During each QA meeting, the QA team will identify and verify sufficient staff and material resources for each participant. SRCS will further develop the observation form to ensure stated rule is understood and followed per all points of this rule. By adding the rule and whether it contains measureable goals and outcomes as well as needed resources and materials are being utilized.</i>	7/15/2015
16.03.21.900.01.c. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:	The agency's quality assurance program does not ensure that the community environment(s) is safe and conducive to learning. The program as written, is not being implemented (no current signature of training on evacuation procedures, no fire inspection annually, no environmental risk assessment/walk-through inspections,	<i>1. N/A</i> <i>2. As potentially affecting all worker/participants, an internal audit will include facility walk through, fire inspection, environmental safety as well as employee CPR/First Aid.</i> <i>3. QA team/admin staff will ensure</i>	7/15/2015



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c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)	expired CPR/1 st aid cards)	<p><i>new audit form is created to address required areas of deficiency. QA Team will ensure completion of audit and review of all forms and files on a regular, ongoing basis.</i></p> <p>4. <i>Each 120 days, audit will be completed with signatures of QA team and management staff as well, any deficiencies noted and a summary of correction and timeline for completed corrections.</i></p>	
<p>16.03.21.900.01.d.</p> <p>900. Each DDA defined under these rules must develop and implement a quality assurance program.</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p>	There is no quality assurance program that currently ensures ongoing, proactive, internal review that skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill.	<p>1. <i>No specific participants attached to this system correction.</i></p> <p>2. <i>For ongoing skill training activities, The CS and HI will ensure each training with the participant and family is conducted in such a way as to show usage of and create a learning environment where the skill may be used in a natural setting best utilized by worker/participant.</i></p>	7/15/2015



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		<ol style="list-style-type: none">3. <i>SRRCs will verify that each participant/family training is consistent with plan goals and noted for effectiveness so as to be used in future plans and goals in plans</i>4. <i>Each training will be addressed for effectiveness by Agency/Clinical Management staff for benefit before and after training in observation reports.</i>5. <i>All trainings will be audited by 120 day internal QA team to ensure compliance with Department regulation.</i>	
16.03.21.900.02. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in	There are not procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules.	<ol style="list-style-type: none">1. <i>SRRCs will review and adapt Policy & Procedure to ensure a suitable QA program is discussed and in place to ensure all Requirements are being met and the agency is held to that standard</i>2. <i>As all clients and staff are potentially affected by this rule, a QA program will be implemented</i>	7/15/2015



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Subsection 900.01 of this rule; (7-1-11)		<i>to address goal and procedures to achieve the purpose of the IDAPA rule 900.01.</i> <i>3. Admin, Agency, and Clinical staff will be utilized for input in completing an all encompassing, effective QA program to ensure all areas of Agency will receive the most</i>	
16.03.21.900.02.c. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)	The quality assurance program does not have a system to ensure the correction of problems identified within a specified period of time.	<i>1. Although there are no specified participants to go along with specified system of correction;</i> <i>2. Because all staff and participant could potentially be affected, SRRCS will create a QA summary form that will note, not only deficiencies found during each 120 day or annual audit, but a summary of correction of each deficiency including date by which any found deficiency will be corrected.</i> <i>3. Agency/Clinical management, admin staff and members of QA team will be required to assist in</i>	7/15/2015



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		<i>completing QA corrections form and summary.</i> <i>4. Along with 120 day and annual audits, previous audits will be reviewed to check for previous deficiencies and plans of corrections, and that those deficiencies have been rectified by date stated on corrections summary.</i>	
16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)	There is no documentation of an annual review of the agency's code of ethics, identification of violations and implementation of an internal plan of correction.	<i>1. No specific participant can be identified with stated system correction.</i> <i>2. Because of the potential to affect all staff/participants, SRRCS will complete a review of agency code of ethics and create a form to document any violation or deficiency noted. This form will be utilized during all subsequent internal 120 day and annual audits.</i> <i>3. Through the QA, SRRCS will create a plan of correction to address found deficiencies of</i>	7/15/2015



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		<i>internal audit along with date deficiency is to be resolved. This form will be accepted and verified by QA Team as well as Agency/Clinical Management to ensure any deficiency or violation is addressed and corrected in a timely manner.</i> <i>4. This form will be reverified during each subsequent audit to ensure violation/deficiency was noted and corrected in stated amount of time from when initially found/noted.</i>	
16.03.21.900.02.f. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)	There is no evidence of an annual review of agency's policy and procedure manual to specify date and content of revisions made:	<i>1. Although no specified participants go along with this stated system correction,</i> <i>2. The potential for affecting staff/participants by this deficiency demands initial audit of all policy & procedure to ensure any revisions are made and date change noted. As well,</i> <i>3. SRRCS will develop and</i>	<i>7/15/2015</i>



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		<i>implement a QA form for internal audit of annual review of Policy and Procedure to specify date and content of revisions made. This form will be created by QA staff and verified by agency/clinical management</i> <i>4. Any revisions to Policy and procedure will be made upon receipt of revision and discussed during next regularly scheduled staff meeting with all affected employees signing form noting they were instructed of change and date this occurred. As well, during each 120 day internal audit, all revisions will be reviewed for proper addition to agency policy noting date of content change, employee training and audit to ensure compliance.</i>	
16.03.21.900.03.b. 900. Each DDA defined under these rules must develop and implement a quality	The agency's quality assurance program does not have a mechanism to ensure that services provided to participants are age	<i>1. No specific participant can be identified with stated system correction.</i>	<i>7/15/2015</i>



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assurance program. 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: b. Are age appropriate; (7-1-11)	appropriate.	2. <i>Potentially affecting all staff/participants, as part of the Annual QA procedure for client file and plan of service, SRRCS will review and document types of services to include observation and satisfaction survey forms provided to ensure activities are age appropriate and specific to participant needs.</i>	
16.03.21.900.03.c. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 03.Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: c. Promote integration; (7-1-11)	The agency's quality assurance program does not have a mechanism to ensure that services provided to participants promote integration.	1. <i>No specific participant can be identified with stated system correction.</i> 2. <i>To ensure not participant is will be affected by discrepancy a form will be created by agency/clinical staff for oncoming participants/guardians to sign to ensure integration</i> 3. <i>Agency intake worker/service provider will ensure form is understood and signed.</i> 4. <i>During 120 day internal QA and annual audit, form verification in each client file will be verified.</i>	7/15/2015



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16.03.21.900.03.d. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 03.Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: d. Provide opportunities for community participation and inclusion; (7-1-11)	The agency's quality assurance program does not have a mechanism to ensure that services provided to participants provide opportunities for community participation and inclusion.	<ol style="list-style-type: none">1. No specific participant can be identified with stated system correction.2. To ensure not participant is will be affected by discrepancy a form will be created by agency/clinical staff for oncoming participants/guardians to sign to ensure community participation and inclusion.3. Agency intake worker/service provider will ensure form is understood and signed.4. During 120 day internal QA and annual audit, form verification in each client file will be verified.	7/15/2015
16.03.21.900.03.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 03.Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: e. Offer opportunities for participants to exercise their rights; and (7-1-11)	The agency's quality assurance program does not have a mechanism to ensure that services provided to participants offer opportunities for participants to exercise their rights.	<ol style="list-style-type: none">1. No specific participant can be identified with stated system correction.2. To ensure not participant is will be affected by discrepancy a form will be created by agency/clinical staff for oncoming participants/guardians to sign to ensure services provided to	7/15/2015



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		<p><i>participants offer opportunities for participant to exercise their rights..</i></p> <p><i>3. Agency intake worker/service provider will ensure form is understood and signed.</i></p> <p><i>During 120 day internal QA and annual audit, form verification in each client file will be verified. Each audit will also include review of observation survey and satisfaction forms.</i></p>	
16.03.21.915.07. 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: 07. Objectives and Plans. For intervention services, ensure that objectives and	The agencies policy and procedure is missing the following component of this rule requirement: "ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons".	<p><i>1. No specific participant can be identified with stated system correction.</i></p> <p><i>2. SRRCS will verify and add the following component to Policy and Procedure: "ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons".</i></p> <p><i>3. Admin staff will ensure information is added to Agency Policy and Procedure</i></p>	7/1/2015



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intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior, and any other behaviors which significantly interfere with participants' independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-11)		4. <i>Before the initial assessment can be complete, a medical history inquiry via release of information will be sent to participant physician and all pertinent entities to participant to verify there will be no duplication or contradictions are taking place and are individualized to each participant. Services staff will ensure all information is sent and admin/QA team will verify receipt and entrance into participant file.</i>	

Agency Representative & Title: Victoria Cunningham Office Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/17/2015
Department Representative & Title: Kimberly D. Cole, LSW <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 7/10/2015